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Repr. from: Tr. Am. Phn. Ass.,  
Phila., 1880, XXXI, 221-229.

THE TREATMENT OF SCROFULOUS DISEASES  
OF THE SKIN.

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In referring to this important and vexatious disease upon this occasion, I have omitted the description of its course, which has already been so ably discussed by many modern writers, and have simply confined my remarks to a brief but practical account of its treatment. It was the indefinite and uncertain action of many of our standard preparations upon scrofulous disease of the skin that induced me to study carefully the action of other remedies upon this disease. After several years of practical work with the various remedies, I have concluded to bring the result of my labor before this Section in order to lead, if possible, into further investigation of the subject.

The literature of scrofuloderma presents a large number of remedies which are regarded by their advocates as specifics for this disease. Leeches, issues, blisters, the iodides, the mercurials, *cod-liver oil*, iron, quinine and barium have each had their respective supporters. Having repeatedly failed to cure many of those who applied to me for relief by using the remedies just named, I was finally led to try the chlorate of potassium internally with the most happy results. I claim, after watching the action of this remedy in a large number of cases of scrofulous disease of the skin, some of which are included in this paper, that the chlorate of potassium overcomes the morbid condition in the system that leads to the development of various lesions of the skin. The following cases are a few of many that have come under my notice, and will illustrate the value of the above-named remedy.

CASE I. A lad aged 13, rather stout, and of sallow complexion, came under my observation at the Pennsylvania Free Dispensary for Skin Diseases in February, 1878. At this time his skin was harsh and his expression was haggard and worn. The most promi-



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nent part of the disease involved the nose, which was somewhat enlarged, and the tip was covered with exuberant granulations that extended down on both sides of the alæ and likewise passed up into the mucous surface of both anterior nasal outlets. These flabby granulations were covered with a thin pus and bled freely on being touched. In addition, the upper lip and the buccal regions were the seat of several dull, red, tubercular formations, and the glands around the inferior maxillary were slightly enlarged. These morbid conditions, together with the old scars that were scattered over both the face and neck, were a sufficient tell-tale of the disease. Upon inquiry I learned from the patient that he lived with his parents and two sisters in a small court in the lower part of the city. Not being able to obtain much of the family history from the boy, who was very dull in intellect, I called at his home to make further inquiry into his case. I found the family, consisting of the father, mother, the lad, and two sisters, living in two small and very cleanly rooms. The mother had every appearance of good health, and stated that her husband was sound in every respect and only one fault, which was that of occasionally getting drunk. I examined the two sisters of the boy and found them free from all signs of scrofulous disease.

After some effort the mother informed me that during the period of her pregnancy with the boy she frequently suffered from hunger, by reason of the father being drunk and not supplying the necessities of life. At the time of the boy's birth he was unhealthy, and had occasionally during his first and second years, been deprived of the proper food. I succeeded, after repeated attempts, in meeting the father of the lad, who was healthy in every way, and frankly acknowledged his little weakness for getting drunk, but strongly *protested* that he had never been afflicted with any venereal trouble. I therefore concluded that the boy's condition was due to a disordered state of the blood, beginning very probably in intra-uterine life from improper nutrition.

I began the treatment by using internally, small doses of the accepted remedy, cod-liver oil, but was compelled to discontinue its use in a short time, owing to the oil disagreeing with the stomach. The iodide of potassium had the same effect, and the corrosive chloride of mercury ran off by the bowels. I finally concluded to discontinue for a time all constitutional treatment, and to try the use alone of local remedies. I began the local treatment by puncturing and scarifying the surface; used, also, in turn pressure, blisters, the mercurials, the iodides, the sulphate of copper, and various other

astringents, and as soon as the disease would disappear at one point, it would go on even more violently at another.

Six months were consumed in this way in trying the various internal and local remedies, and all to no purpose, as the patient's condition remained unchanged. After these repeated trials and failures with many of the old remedies for this disease, I made up my mind to try the chlorate of potassium, a remedy which had already proved very efficacious in some lighter cases of scrofulous disease of the skin under my care.

I began the new treatment by giving the patient two grains of the chlorate of potassium three times daily; the dose was gradually increased until he could take five grains four times daily. In the course of two weeks the spots became lighter in color, the skin clearer, and this state of improvement continued until my patient was entirely cured in the month of November, 1878. In this case I began the treatment with a mild aperient, ordered a substantial diet, and applied the sulphate of copper to the granulations once a week.

CASE II. Mary W., aged 19, came under my care at the same Dispensary, in September, 1878. She was brought to me by her mother for enlarged maxillary glands, loss of appetite, and great weakness. Her complexion was sallow, and she was very thin. Her medical history was as follows; she had been ailing ever since she was three years of age; about that time the mother noticed small lumps around the neck, and an eruption on the scalp as the child was recovering from scarlatina. Her mother further stated that after this attack her child would improve for a time, and afterwards, upon the slightest change in the weather, would be seized with rheumatism, which was always followed by great prostration, loss of appetite, and either diarrhoea or constipation. The patient had continued from time to time to suffer from rheumatism, until about one year ago, when she was seized with even a more severe attack than at any previous period. The mother, who was very intelligent, added that the physician in attendance at that time had succeeded in curing the rheumatism, and since then that her daughter had not been troubled with it. I was also informed by the mother that after this last attack of rheumatism, her daughter had continued to lose flesh and had grown very pale and weak. The family history, as far as I could learn was good; the father, mother, and one brother enjoyed the best of health.

On examination the scalp was found covered with sebum, the hairs were dull and lustreless in appearance, and were falling out in large numbers, the conjunctiva was injected, the pupils dilated, the eye-

lashes long and droopy, the face was pale and haggard, and the maxillary glands were enlarged, with here and there small openings discharging a thin and unhealthy pus. I prescribed a dessertspoonful of cod-liver oil three times a day. In the course of two weeks no improvement had taken place, and I was compelled to omit the cod-liver oil by reason of it disagreeing with her, and substitute for it three grain doses of the chlorate of potassium four times a day. I advised the continued use of substantial food, and used locally a mild tar ointment. From this date the improvement was steady, the appetite returned, the bowels became regular, and at the end of a little more than two months the patient was quite well.

**CASE III.** In the month of November, 1879, I was called to see a young girl, aged 15, of fair complexion and of healthy appearance. Her parents were in good circumstances; she had been well fed, and had been treated with the utmost attention by her physician, who gave me at the time the following account of her case. Two years previous she had a severe attack of scarlatina, and shortly after, while convalescing, the maxillary glands began to enlarge and the scalp became covered with sebum. This condition had continued to grow worse, notwithstanding the best of care and attention from her physician. At the date of my call I found the scalp covered with patches of sebum, and the hair presenting an unhealthy appearance. The skin around the maxillary region and down the neck was of the natural color in patches, interspersed with red and even violet spots; the glands were hard in some parts, soft and boggy in others, while here and there small openings about the size of a pin could be observed, through which a thin and unhealthy pus escaped. Her physician informed me he had given such medicine as he thought would be suitable to her, but without the slightest benefit. Chlorate of potassium in five grain doses was given; the parts were washed with borax water; no fresh development of the disease showed itself, and in about nine weeks she was quite well.

**CASE IV.** Emily D., thin and delicate, aged 7, was the subject of severe scrofula, and had been so since her birth. The child's aunt brought her to the Dispensary December, 1879, but could give no history of her case except that both her parents had died from consumption. Her skin was pale and of a yellow appearance; a thin discharge was detected from the left ear; the maxillary glands were slightly enlarged; a small ulcer existed below the angle of the inferior maxillary of the right side; another one a little larger, irregular in shape, covered with a watery secretion, was situated on

the forearm; the hands and feet were cold, and the abdomen was distended and hard. Two grain doses of the chlorate of potassium were ordered, which were gradually increased to five grains, four times a day, with good food, weak citrine ointment locally, and plenty of exercise. In six weeks the ulcers had disappeared, and the improvement was so marked that the child would scarcely have been recognized.

CASE V. Willie B., aged 14 months, a scrofulous baby and very cachetic; scalp covered with crusts; maxillary and inguinal glands enlarged, with small inguinal abscess from a broken down gland; abdomen large. Healthy father and sickly mother. Ordered one grain of chlorate of potassium in arrowroot drink, and increased the dose to two grains, four times a day. Fed the child on milk and arrowroot drink, opened the abscess, poulticed the crusts, and oiled the scalp. Two months later, when I last saw the baby, he was healthy-looking and quite free from the disease.

The cases which have been adduced present, I believe, very fair examples of scrofulous disease of the skin as it is met with in practice. I endeavored, prior to using the chlorate of potassium in similar cases to those I have just enumerated, to overcome the disease by following the routine plan of treatment, with but a small percentage of cures. I tried cod-liver oil, iron, and quinine, which preparations either interfered with digestion, or ran off by the bowels and so prevented many of my patients from getting well. Many unsatisfactory results in this way finally led me to try the chlorate of potassium, and to my astonishment I obtained remarkable results.

My attention was directed to the efficacy of the chlorate of potassium by the beneficial effect that followed its use upon a patient having scrofuloderma who applied to me for treatment for mercurial salivation. I gave the patient a solution of the chlorate of potassium, and was surprised to find as I continued the solution that the scrofulous condition gradually disappeared until the case was cured. I was led by the good results in this case to try the same remedy in other patients, and was agreeably astonished to find continued success in its use.

The chlorate of potassium has a marked influence on all suppurative processes. It prevents and arrests, to a great extent, suppuration. Thus in persons who have had tubercular deposit in the glands of the neck, threatening to end in suppuration, the use of the chlorate of potassium will reduce the inflammation and pre-

vent the formation of pus. In another class of cases of this group in which the formation of pus has taken place, the influence of the chlorate of potassium is still more conspicuous. For instance, if a child nine years of age has an enlargement of the glands around the inferior maxillary following measles or scarlatina, which, by the way, is very common, deep-seated suppuration takes place attended with great pain and constitutional disturbance. The skin gradually changes from the normal color to a red and even a violet, the small tumors feel soft and boggy, and after a time small openings appear, from which issue a thin and unhealthy pus. Now such a troublesome and intractable condition will quickly give way to the administration of two or three grains of chlorate of potassium four times daily. The deposition of fresh tubercular material in the glands will be checked, the thin and unhealthy pus will become abundant and laudable; many abscesses about developing will dry up, while those that are open will gradually heal. The chlorate of potassium whilst thus influencing locally the scrofulous condition, will likewise improve the general health by removing all the constitutional disturbances associated with this disease; in which, in many instances, the use of cod-liver oil, iron, and quinine had entirely failed.

As to the mode of administration of the chlorate of potassium, I have usually given it in from one-half to ten-grain doses dissolved in pure water three or four times daily. In the above doses I find it well borne by the stomach even in those who are very weak and enfeebled. I generally begin with from one-half to one grain one hour before meals, and gradually increase the dose until the patient shows some signs of improvement. The continued use of this drug for a time will increase the appetite, fatten the patient, render a previously dark skin clear and florid, and add tone and vigor to the system. Those who are large, flabby, and apparently vigorous, will improve, as a rule, better under small doses, as large amounts will sometimes serve still more to increase the quantity of fat on the body. On the other hand, the pale, weak and enfeebled will bear much larger doses, and will often increase very rapidly in weight.

The chlorate of potassium evidently changes and improves the quality of the blood, but as a remedy for this affection it has hitherto received very little notice except at the hand of Dr. Harkin, of Belfast, in 1860-61. This gentleman, in an admirable paper on the chlorate of potassium in treatment of consumption and of scrofula, published in the *Dublin Quarterly Journal* of November, 1861, claims perfectly marvellous results by its use in both these affections. Dr. Harkin in this paper cites the cure of several well-

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marked cases of consumption, refers in a general way to its remarkable action in scrofula, and adds that in its use the blood appears altered in character, its solid constituents, its fibrin and red corpuscles increase, muscular energy gradually returns, and even a disposition to plethora developed itself.

I not only corroborate what Dr. Harkin has observed upon the action of this remedy, but I think my experience adds additional light in its use in scrofulous disease of the skin. I have as yet been unable to find any full statement of its use in these scrofulous affections, except in the brief account just named. I have, therefore, after extensive experience in its use, come to the conclusion that it is the only internal treatment of much good in scrofuloderma, but it must be employed in conjunction with good food, the proper hygienic surroundings, together with a judicious combination of appropriate external means according to the exigencies of each particular case.

This treatment is based upon the assumption that the disease is caused by an improper state and composition of the blood, which destroys the fitness for the nutrition of the tissues. I further believe that the judicious use of the chlorate of potassium tones up the digestive system and so furnishes the blood with its proper and essential ingredient with which to repair the natural waste and decay of the tissues. The experience of Dr. W. Nicholson as to the action of alkalies as expressed in the *Practitioner* of January, 1880, I think, fully corroborates the views I have advanced as to the effect on the system of the chlorate of potassium.

Dr. Nicholson, in referring to the alkalies in anaemia, thinks that they ought to take the place of iron in the treatment of this affection; that they improve the tone of the digestive system, increasing the appetite, aiding the liver to work, promoting the flow of bile, and clearing the blood and urine from lithates or other sediments and impurities, and there is little doubt that they, more than any other remedy, restore the digestive tract to a state of health, while iron, instead of giving tone, is apt to disorder the digestive tract. This gentleman uses the bicarbonate of potassium in that abnormal state of the blood present in anaemia, and I know that the chlorate of potassium will not only act in the same manner upon anaemia, but also in the various scrofulous affections.

I desire, in concluding this paper, too add that, if judicious treatment be given to those suffering from scrofula before marriage, the extension of the hereditary taint in the issue can be arrested. Many medical men, on the other hand, believe that the extension of the disease can only be arrested by such persons refraining from

marriage, and they advise their patients to that effect. Physicians giving such advice to tuberculous, sickly, and scrofulous persons, will find that it will not deter them from marrying, even though they may have pointed out to them that the issue of such alliance will in all probability be scrofulous.

I think it therefore becomes the imperative duty of the physician when consulted by scrofulous persons concerning their future welfare, to provide against the extension of the disease by doing all in his power to overcome the disordered function and establish a condition of healthy nutrition before marriage. This noxious state of the system of persons suffering from scrofula, I again repeat, can be best removed by the use of chlorate of potassium internally, together with good food, suitable hygienic surroundings, and appropriate external means.

If the chlorate of potassium be employed, with the aids just named, upon persons afflicted with scrofula, it will be found that the remedy will fulfil all that I have claimed for it, and will place such individuals in such a healthy condition that in case of marriage the issue will be sound and healthy.

## The Use of Chlorate of Potassium.

PHYSICIANS who have used the Chlorate of Potassium will do the Author of this reprint a very great favor by sending him an account, or a few notes, of their experience with it, either internally or externally in any disease.

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